

Copy

9749 Willow Way  
Estero, Florida 33928  
September 30, 2011

Counsel for the Class  
Steve W. Berman  
Hagens Berman Sobol Shapiro LLP  
1918 Eight Avenue, Suite 3300  
Seattle, WA 98101

Mr. Berman

Attached are documents pertaining to my disagreement with the revision to the Proposed Class Action Settlement involving "Track Two Settlement Revision" in re: Pharmaceutical Industry Average Wholesale Price Litigation No. 01-CV-12257-PBS, MDL No. 1456.

Sincerely,

Margaret R. Wild

Attachments: AWP TRACK TWO SETTLEMENT  
Section C Medicare Purchase Information Chart

Copy

9749 Willow Way  
Estero, Florida 33928  
September 30, 2011

Counsel for Track Two Defendants  
Steven F. Barley  
Hogan Lovells US LLP  
100 International Drive  
Suite 2000  
Baltimore, MD. 21202

Mr. Barley:

Attached are documents pertaining to my disagreement with the revision to the Proposed Class Action Settlement involving "Track Two Settlement Revision" in re: Pharmaceutical Industry Average Wholesale Price Litigation No. 01-CV-12257-PBS, MDL No. 1456

Sincerely,

Margaret R. Wild

Attachments: AWP TRACK TWO SETTLEMENT  
Section C Medicare Purchase Information Chart

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9749 Willow Way  
Estero, Florida 33928  
September 30, 2011

Counsel for Track Two Defendants  
James P. Muehlberger  
Shook, Hardy & Bacon, LLP  
2555 Grand Boulevard  
Kansas City, MO 64108

Mr. Muehlberger:

Attached are documents pertaining to my disagreement with the revision to the Proposed Class Action Settlement involving "Track Two Settlement Revision" in re: Pharmaceutical Industry Average Wholesale Price Litigation No. 01-CV-12257-PBS, MDL No. 1456

Sincerely,

Margaret R. Wild

Attachments: AWP TRACK TWO SETTLEMENT  
Section C Medicare Purchase Information Chart

**MUST BE POSTMARKED  
BY JULY 1, 2011**

**AWP TRACK 2 SETTLEMENT  
MEDICARE PART B CLAIM FORM**

FOR OFFICIAL USE ONLY

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**IF YOU DO NOT MAKE ANY CHANGES  
TO THE CHART IN SECTION C,  
YOU DO NOT NEED TO RETURN THIS CLAIM FORM.**

**Section A: Patient Information**

Please review the preprinted information below and fill in any missing information. If you need to make corrections, please make them in the space provided.

0015681665  
2378 - CF1A12 - 150 \*\*\*\*\*AUTO\*\*MIXED AADC 553  
GLENN V WILD  
MARGARET R WILD  
9749 WILLOW WAY  
ESTERO FL 33928-4283

☐ If the preprinted address to the left is incorrect or out of date, OR if there is no preprinted data to the left, check this box and print the patient's current name and address.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Telephone Number

Please review the information printed on this claim form carefully.

If you do not make any changes, the information on this claim form will be automatically mailed to you.

**Section B: Patient Representative Information**

If you are the patient, DO NOT complete this section. Complete this section only if you are a representative (such as a spouse, guardian, executor or personal representative) filing this claim on behalf of the patient listed above.

Representative's Name: MARGARET R. WILD Relationship to Patient: SPOUSE

Representative's Mailing Address: 9749 WILLOW WAY

City: ESTERO State: FL Zip Code: 33928

Daytime Telephone Number: (412) 527-8900

Evening Telephone Number: (412) 527-8900

**IF YOU DO NOT MAKE ANY CHANGES TO THE CHART IN SECTION C,  
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## Medicare Purchase Information Chart

COLUMN 1		COLUMN 2	
	Name of Drug	Date of Administration	Patient Responsibility (Percentage co-payment made or incurred by claimant)
1	Parapiatin	02/01/1999	\$213.07
2	Taxol	02/01/1999	\$416.38
3	Paraplatin	02/22/1999	\$213.07
4	Taxol	02/22/1999	\$416.38
5	Paraplatin	01/11/1999	\$213.07
6	Taxol	01/11/1999	\$416.38
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**Section C Instructions for Completing Medicare Part B Purchase Information**

The Medicare Part B Purchase Information Chart below contains information obtained through the Centers for Medicare and Medicaid Services' records. The chart indicates that you were administered or filled a prescription for one or more of the covered drugs shown in Column A on or about the date(s) shown in Column B and paid out-of-pocket the amount shown in Column C. If you do not make any changes to the chart in Section C, you do not need to return this claim form. A check will automatically be mailed to you.

Medicare Part B Purchase Information Chart			
	COLUMN A	COLUMN B	COLUMN C
	Name of Drug	Date Drug Received	Amount Paid Out-of-Pocket
1	Alcohol Injection	01/11/1999	\$0.31 ✓
2	Dexamethasone sodium/Dexamethasone sodium phosphate	01/11/1999	\$0.59
3	Sodium chloride	01/11/1999	\$15.26
4	Alcohol Injection	02/01/1999	\$0.31 ✓
5	Dexamethasone sodium/Dexamethasone sodium phosphate	02/01/1999	\$0.59
6	Sodium chloride	02/01/1999	\$15.26
7	Alcohol Injection	02/22/1999	\$0.31 ✓
8	Dexamethasone sodium/Dexamethasone sodium phosphate	02/22/1999	\$0.59
9	Sodium chloride	02/22/1999	\$15.26
10	Dexamethasone acetate	06/07/1999	\$0.89
11	Sodium chloride	07/26/1999	\$2.18
12	Sodium chloride	08/02/1999	\$2.18
13	Sodium chloride	08/09/1999	\$2.18
14	Sodium chloride	08/23/1999	\$2.18
15	Sodium chloride	08/30/1999	\$2.18
16	Sodium chloride	09/07/1999	\$2.18
17	Sodium chloride	09/20/1999	\$2.18
18	Sodium chloride	09/27/1999	\$2.18
19	Sodium chloride	10/04/1999	\$2.18
20	Sodium chloride	10/18/1999	\$2.18

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**Section C: Instructions for Completing Medicare Part B Purchase Information**

The Medicare Part B Purchase Information Chart below contains information obtained through the Centers for Medicare and Medicaid Services' records. The chart indicates that you were administered or filled a prescription for one or more of the covered drugs shown in Column A on or about the date(s) shown in Column B and paid out-of-pocket the amount shown in Column C. If you do not make any changes to the chart in Section C, you do not need to return this claim form. A check will automatically be mailed to you.

**Medicare Part B Purchase Information Chart**

	<b>COLUMN A</b>	<b>COLUMN B</b>	<b>COLUMN C</b>
	<b>Name of Drug</b>	<b>Date Drug Received</b>	<b>Amount Paid Out-of-Pocket</b>
21	Sodium chloride	11/08/1999	\$2.18
22	Sodium chloride	11/15/1999	\$2.18
23	Sodium chloride	11/29/1999	\$2.18
24	Sodium chloride	12/06/1999	\$2.18
25	Sodium chloride	03/06/2000	\$6.54
26	Sodium chloride	03/20/2000	\$8.72
27	Sodium chloride	04/03/2000	\$8.72
28	Dexamethasone sodium/Dexamethasone sodium phosphate	04/17/2000	\$0.35
29	sodium chloride	04/17/2000	\$10.90
30	Sodium chloride	05/01/2000	\$6.54
31	Dexamethasone sodium/Dexamethasone sodium phosphate	05/15/2000	\$0.35
32	Sodium chloride	05/29/2000	\$8.72
	Dexamethasone sodium/Dexamethasone sodium phosphate	06/12/2000	\$0.35
34	Sodium chloride	06/12/2000	\$10.90
35	Dexamethasone sodium/Dexamethasone sodium phosphate	06/30/2000	\$0.35
36	Sodium chloride	06/30/2000	\$10.90
37	Dexamethasone sodium/Dexamethasone sodium phosphate	07/24/2000	\$0.35
38	Sodium chloride	07/24/2000	\$10.90
39	Dexamethasone sodium/Dexamethasone sodium phosphate	08/14/2000	\$0.35
40	Sodium chloride	08/14/2000	\$10.90

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### Section C: Instructions for Completing Medicare Part B Purchase Information

The Medicare Part B Purchase Information Chart below contains information obtained through the Centers for Medicare and Medicaid Services' records. The chart indicates that you were administered or filled a prescription for one or more of the covered drugs shown in Column A on or about the date(s) shown in Column B and paid out-of-pocket the amount shown in Column C. **If you do not make any changes to the chart in Section C, you do not need to return this claim form. A check will automatically be mailed to you.**

Medicare Part B Purchase Information Chart			
	COLUMN A	COLUMN B	COLUMN C
	Name of Drug	Date Drug Received	Amount Paid Out-of-Pocket
41	Dexamethasone sodium\Dexamethasone sodium phosphate	09/01/2000	\$0.35
42	Sodium chloride	09/01/2000	\$10.90
43	Dexamethasone sodium\Dexamethasone sodium phosphate	09/25/2000	\$0.35
44	Sodium chloride	09/25/2000	\$10.90
45	Dexamethasone sodium\Dexamethasone sodium phosphate	10/16/2000	\$0.35
46	Sodium chloride	10/16/2000	\$8.72
47	Sodium chloride	03/12/2001	\$1.78
48	Anzemet (injection & tablets)	03/12/2001	\$32.92
49	Dexamethasone sodium\Dexamethasone sodium phosphate	10/17/2001	\$1.14
50	Sodium chloride	10/17/2001	\$8.47
51	Anzemet (injection & tablets)	10/31/2001	\$32.92
52	Dexamethasone sodium\Dexamethasone sodium phosphate	10/31/2001	\$1.14
53	Sodium chloride	10/31/2001	\$8.47
54	Anzemet (injection & tablets)	11/21/2001	\$32.92
55	Dexamethasone sodium\Dexamethasone sodium phosphate	11/21/2001	\$1.14
56	Sodium chloride	11/21/2001	\$8.47
57	Anzemet (injection & tablets)	12/05/2001	\$65.84
58	Dexamethasone sodium\Dexamethasone sodium phosphate	12/05/2001	\$1.14
59	Sodium chloride	12/05/2001	\$8.47
60	Anzemet (injection & tablets)	12/19/2001	\$32.92

**IF YOU DO NOT MAKE ANY CHANGES TO THE CHART IN SECTION C,  
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**Section C: Instructions for Completing Medicare Part B Purchase Information**

The Medicare Part B Purchase Information Chart below contains information obtained through the Centers for Medicare and Medicaid services' records. The chart indicates that you were administered or filled a prescription for one or more of the covered drugs shown in Column A on or about the date(s) shown in Column B and paid out of pocket the amount shown in Column C. If you do not make any changes to the chart in Section C, you do not need to return this claim form. A check will automatically be mailed to you.

**Medicare Part B Purchase Information Chart**

	<b>COLUMN A</b>	<b>COLUMN B</b>	<b>COLUMN C</b>
	<b>Name of Drug</b>	<b>Date Drug Received</b>	<b>Amount Paid Out-of-Pocket</b>
61	Sodium chloride	11/19/2001	\$8.47
62	Anzemet (injection & tablets)	01/07/2002	\$32.92
63	Sodium chloride	01/07/2002	\$8.47
64	Anzemet (injection & tablets)	01/23/2002	\$32.92
65	Sodium chloride	01/23/2002	\$8.47
66	Anzemet (injection & tablets)	02/06/2002	\$32.92
67	Sodium chloride	02/06/2002	\$8.47
68	Alcohol injection	02/20/2002	\$162.71
69	Anzemet (injection & tablets)	02/20/2002	\$32.92
70	Sodium chloride	02/20/2002	\$10.59
71	Anzemet (injection & tablets)	03/07/2002	\$32.92
72	Sodium chloride	03/07/2002	\$8.47
73	Alcohol injection	03/21/2002	\$162.71
74	Anzemet (injection & tablets)	03/21/2002	\$32.92
75	Sodium chloride	03/21/2002	\$10.59
76	Alcohol injection	04/03/2002	\$162.71
77	Anzemet (injection & tablets)	04/03/2002	\$32.92
78	Sodium chloride	04/03/2002	\$10.59
79	Anzemet (injection & tablets)	04/18/2002	\$32.92
80	Sodium chloride	04/18/2002	\$8.47

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**Section C: Instructions for Completing Medicare Part B Purchase Information**

The Medicare Part B Purchase Information Chart below contains information obtained through the Centers for Medicare and Medicaid Services' records. The chart indicates that you were administered or filled a prescription for one or more of the covered drugs shown in Column A on or about the date(s) shown in Column B and paid out-of-pocket the amount shown in Column C. If you do not make any changes to the chart in Section C, you do not need to return this claim form. A check will automatically be mailed to you.

Medicare Part B Purchase Information Chart			
	COLUMN A	COLUMN B	COLUMN C
	Name of Drug	Date Drug Received	Amount Paid Out-of-Pocket
81	Alcohol Injection	05/01/2002	\$162.71 ✓
82	Anzemet (Injection & tablets)	05/01/2002	\$32.92
83	Sodium chloride	05/01/2002	\$10.59
84	Anzemet (Injection & tablets)	05/15/2002	\$40.00
85	Sodium chloride	05/15/2002	\$8.47
86	Alcohol Injection	10/23/2002	\$173.94 ✓
87	Sodium chloride	10/23/2002	\$2.12
88	Alcohol Injection	11/18/2002	\$173.94 ✓
89	Dexamethasone sodium/Dexamethasone sodium phosphate	11/18/2002	\$0.14
90	Sodium chloride	11/18/2002	\$2.12
91	Alcohol Injection	12/16/2002	\$173.94 ✓
92	Sodium chloride	12/16/2002	\$2.12
93	Anzemet (Injection & tablets)	01/13/2003	\$32.90
94	Sodium chloride	01/13/2003	\$2.70
95	Anzemet (Injection & tablets)	01/27/2003	\$32.90
96	Sodium chloride	01/27/2003	\$2.16
97	Anzemet (Injection & tablets)	02/10/2003	\$32.90
98	Sodium chloride	02/10/2003	\$2.70
99	Anzemet (Injection & tablets)	02/24/2003	\$32.90
100	Sodium chloride	02/24/2003	\$2.70

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## Medicare Part B Purchase Information Chart

ITEM NO.	DESCRIPTION	DATE	AMOUNT
101	Sodium chloride	03/07/2003	\$1.02
102	Anzemet (injection & tablets)	04/21/2003	\$32.90
103	Sodium chloride	04/21/2003	\$1.08
104	Anzemet (injection & tablets)	05/05/2003	\$32.90
105	Sodium chloride	05/05/2003	\$1.08
106	Anzemet (injection & tablets)	05/19/2003	\$32.90
107	Sodium chloride	05/19/2003	\$0.54
108	Dexamethasone sodium/Dexamethasone sodium phosphate	05/30/2003	\$0.08
109	Sodium chloride	06/04/2003	\$0.54
110	Anzemet (injection & tablets)	10/13/2003	\$32.90
111	Sodium chloride	10/13/2003	\$1.08
112	Anzemet (injection & tablets)	10/27/2003	\$32.90
113	Sodium chloride	10/27/2003	\$0.54
114	Anzemet (injection & tablets)	11/10/2003	\$32.90
115	Sodium chloride	11/10/2003	\$1.08

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### Section C: Instructions for Completing Medicare Part B Purchase Information

The Medicare Part B Purchase Information Chart below contains information obtained through the Centers for Medicare and Medicaid Services' records. The chart indicates that you were administered or filled a prescription for one or more of the covered drugs shown in Column A on or about the date(s) shown in Column B and paid out-of-pocket the amount shown in Column C. If you do not make any changes to the chart in Section C, you do not need to return this claim form. A check will automatically be mailed to you.

Medicare Part B Purchase Information Chart			
	COLUMN A	COLUMN B	COLUMN C
	Name of Drug	Date Drug Received	Amount Paid Out-of-Pocket
121	Anzemet (Injection & tablets)	11/24/2003	\$32.90
122	Sodium chloride	11/24/2003	\$1.08
123	Anzemet (Injection & tablets)	12/08/2003	\$32.90
124	Sodium chloride	12/08/2003	\$1.08
125	Sodium chloride	12/08/2003	\$0.54
126	Anzemet (Injection & tablets)	12/22/2003	\$32.90
127	Sodium chloride	12/22/2003	\$1.08
128	Anzemet (Injection & tablets)	01/05/2004	\$27.70
129	Sodium chloride	01/05/2004	\$1.13
130	Sodium chloride	01/05/2004	\$0.44
131	Anzemet (Injection & tablets)	02/02/2004	\$27.70
132	Sodium chloride	02/02/2004	\$1.13
133	Sodium chloride	02/02/2004	\$0.44
134	Anzemet (Injection & tablets)	02/23/2004	\$27.70
135	Sodium chloride	02/23/2004	\$0.44
136	Sodium chloride	03/01/2004	\$0.44
137	Anzemet (Injection & tablets)	03/15/2004	\$27.70
138	Anzemet (Injection & tablets)	04/12/2004	\$27.70
139	Sodium chloride	04/12/2004	\$1.13
140	Sodium chloride	04/12/2004	\$0.44

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**Section C: Instructions for Completing Medicare Part B Purchase Information**

The Medicare Part B Purchase Information chart below contains information obtained through health plans for Medicare and Medicaid services' records. The chart indicates that you have listed each biller, a prescription for one or more of the covered drugs shown in Column A on or about the date(s) shown in Column B and paid out-of-pocket the amount shown in Column C. **If you do not make any changes to the chart in Section C, you do not need to return this claim form. A check will automatically be mailed to you.**

**Medicare Part B Purchase Information Chart**

	<b>COLUMN A</b>	<b>COLUMN B</b>	<b>COLUMN C</b>
	<b>Name of Drug</b>	<b>Date Drug Received</b>	<b>Amount Paid Out-of-Pocket</b>
141	Anzemet (injection & tablets)	05/05/2004	\$27.70
142	Dextrose\Dextrose sodium chloride\Kliger's lactated with dextrose	05/03/2004	\$1.62
143	Sodium chloride	05/03/2004	\$0.44
144	Sodium chloride	05/10/2004	\$0.44
145	Anzemet (injection & tablets)	05/24/2004	\$27.70
146	Sodium chloride	05/24/2004	\$0.44
147	Anzemet (injection & tablets)	06/14/2004	\$27.70
148	Sodium chloride	06/14/2004	\$1.13
149	Sodium chloride	06/14/2004	\$0.44
150	Anzemet (injection & tablets)	10/13/2004	\$27.70
151	Sodium chloride	10/11/2004	\$0.44
152	Anzemet (injection & tablets)	10/25/2004	\$27.70
153	Sodium chloride	10/25/2004	\$1.13
154	Anzemet (injection & tablets)	11/08/2004	\$27.70
155	Sodium chloride	11/08/2004	\$0.44
156	Anzemet (injection & tablets)	11/22/2004	\$27.70
157	Sodium chloride	11/22/2004	\$1.13
158	Anzemet (injection & tablets)	12/13/2004	\$27.70
159	Sodium chloride	12/13/2004	\$0.44
160	Sodium chloride	12/20/2004	\$0.44

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